



Charitable Organization

Initial registration statement

Return to: Missouri Attorney General's Office
Attention: Kimberly Haddix
PO Box 899
Jefferson City, MO 65102

ENCLOSE
\$15 FEE

MISSOURI ATTORNEY GENERAL
JEREMIAH W. (JAY) NIXON

573-751-3321
www.moago.org

CHARITABLE ORGANIZATION INFORMATION

OFFICIAL NAME _____ OTHER NAMES USED (DBAs) _____

PRINCIPLE PLACE OF BUSINESS ADDRESS _____
CITY _____ STATE _____ ZIP _____ () _____
PHONE _____

ADDRESS AND PHONE OF EACH SOLICITATION LOCATION IN MISSOURI (include professional fund-raisers)

ADDRESS _____ CITY _____ MO _____ () _____
ZIP _____ PHONE _____

PURPOSE OF CHARITABLE ORGANIZATION _____

TYPE OF BUSINESS ENTITY (CHECK ONE OF FOUR BOXES)

☐

CORPORATION (Attach articles of incorporation)

List officers' and directors' names, positions, phones and home addresses

NAME _____ POSITION _____ () _____
PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ POSITION _____ () _____
PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ POSITION _____ () _____
PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ POSITION _____ () _____
PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME, ADDRESS AND PHONE OF CORPORATION'S REGISTERED AGENT

NAME _____ POSITION _____ () _____
PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHARITABLE ORGANIZATION INFORMATION**TYPE OF BUSINESS ENTITY (CONTINUED)**☐**PARTNERSHIP** (Attach partnership agreement)
List partners' names, positions, phones and home addresses

NAME	POSITION	()	—	PHONE
ADDRESS	CITY	STATE	ZIP	
NAME	POSITION	()	—	PHONE
ADDRESS	CITY	STATE	ZIP	
NAME	POSITION	()	—	PHONE
ADDRESS	CITY	STATE	ZIP	

NAME, ADDRESS, PHONE, INTEREST AMOUNT OF THOSE OWNING AT LEAST 10 PERCENT OF ORGANIZATION

OWNER'S NAME	()	—	PHONE	INTEREST OWNED (%)
ADDRESS	CITY	STATE	ZIP	

☐**SOLE PROPRIETORSHIP**☐**OTHER** (explain)**NAME, ADDRESS, AND PHONE OF EACH GOVERNMENTAL AGENCY REGISTERED WITH DURING PAST THREE YEARS**

NAME	()	—	PHONE
ADDRESS	CITY	STATE	ZIP

PROFESSIONAL FUND-RAISER INFORMATION**NAME, ADDRESS AND PHONE OF ANY PROFESSIONAL FUND-RAISER WHO WILL SOLICIT**

NAME	POSITION	()	—	PHONE
ADDRESS	CITY	STATE	ZIP	
NAME	POSITION	()	—	PHONE
ADDRESS	CITY	STATE	ZIP	

HOW FUND-RAISER WILL BE PAID

SOLICITATION INFORMATION

Types of solicitation programs used by organization or professional fund-raiser (such as personal contact, direct mail, radio and TV commercials or newspaper ads.) Enclose all written sales presentations, ads, phone scripts or other solicitations.

PERCENTAGE OF FUNDS RAISED OVER PAST FIVE YEARS SPENT DIRECTLY FOR STATED CHARITABLE PURPOSE: _____ %
(If \$1,000 was collected and \$200 was spent on operating costs, then the percentage is 80%.)

FINANCIAL INSTITUTIONS, ADDRESSES, PHONES AND ACCOUNT NAMES INTO WHICH ALL FUNDS WILL BE DEPOSITED

INSTITUTION _____	ACCOUNT NAME _____	() _____ PHONE
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ADDRESS _____	CITY _____	STATE _____	ZIP _____
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INSTITUTION _____	ACCOUNT NAME _____	() _____ PHONE
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ADDRESS _____	CITY _____	STATE _____	ZIP _____
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FOR THE PURPOSE OF ANNUAL REPORTING, WHAT IS THE ENDING DATE OF YOUR FISCAL YEAR? _____
MONTH _____ DATE _____

ORGANIZATION AND PROFESSIONAL FUND-RAISER BACKGROUND CHECK

**HAS A LICENSE
OR PERMIT TO
SOLICIT FUNDS
EVER BEEN
DENIED OR
REVOKED?**

☐ NO ☐ YES

If "yes," explain in detail:

Location of action _____ Date of action _____
(MM-DD-YY)

Government agency bringing action _____

Reason for action _____

**HAS A GOVERNMENTAL
AGENCY ENJOINED
OR PROHIBITED
YOUR ORGANIZATION
OR PROFESSIONAL
FUND-RAISER FROM
SOLICITING?**

☐ NO ☐ YES

If "yes," explain in detail:

Location of action _____ Date of action _____
(MM-DD-YY)

Agency bringing action _____

Reason for action _____

**HAVE ANY OFFICERS,
PROFESSIONAL
FUND-RAISERS,
DIRECTORS, OR
OWNERS OF AT LEAST
10% OF THE CHARITY
BEEN CONVICTED
OF A FELONY?**

☐ NO ☐ YES

If "yes," explain in detail: _____

VERIFICATION

State _____)
County _____) SS.

_____ being duly sworn deposes and says, that s/he has made the foregoing initial registration statement of a charitable organization, as required by section 407.462, RSMo; that s/he has read the foregoing registration statement and knows the contents thereof; that s/he is authorized to verify the foregoing registration statement; and that the foregoing registration statement is true to her/his own knowledge; and that the foregoing registration statement was made for the purpose of complying with the requirements of sections 407.450 through 407.478, RSMo.

SIGNATURE

Subscribed and sworn to before me, this _____ day of

_____, 20 ____

_____ (Notary Public)

Enclose \$15 check for registration fee. Make check payable to "Missouri Merchandising Practices Fund" and return to:

Missouri Attorney General's Office
Attention: Kimberly Haddix
PO Box 899
Jefferson City, MO 65102